

Patricia Booker

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599649

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		2				
6		1				
7		2				
8		2				
9		2				
10		2				
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37		2				
38		2				
39	1					
40		1				
41		1				
42		1				
43		3				
44		2				
45		2				
46		2				
47		2				
48		2				
49			1			
50				1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	50	←	48	←		←
TOTAL CLAIMS	52		50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						